

STORM / SEWER / WATER / BACKFLOW **UTILITIES PERMIT APPLICATION**

Form last updated Jan 2020

Physical Address:

Auburn City Hall Annex, 2nd Floor 1 E Main St

Mailing Address: 25 W Main St

Auburn, WA 98001-4998

Webpage & Application Submittal:

www.auburnwa.gov applications@auburnwa.gov Phone and Email:

Phone: (253) 931-3090 permitcenter@auburnwa.gov

PROJECT INFORMATION		Complete the			
Single Family Residence Commercial Duplex	Multifamily: # of units	Attachments for each of the following Work			
Job Site Address:	Zip: Lot #:	to be performed:			
Owner/Tenant Name:	Parcel #:	(check <u>all</u> that apply)			
Complex Name:Bu	ilding #: Suite #:	Stormwater			
For Condominiums – Building Name:	Unit #:	Cionimator			
For Mobile/Manufactured Homes – Park Name:	Space #:	Sewer			
APPLICANT					
Owner Contractor Other		Water			
Name:					
Address:City:		Backflow Assembly			
Phone: Home/Work: Mobile	:				
Email:					
OWNER	CONTRACTOR				
Name:	Company Name:				
Check this box if this is the primary contact	Check this box if this is the primary contact				
Contact Person:	Contact Person:				
Address:	Address:				
City: State: Zip:	City:S	State: Zip:			
Phone:Fax	Phone:E	E-mail:			
E-mail:	Auburn Business Lic#:	WA UBI#:			
IS ANY WORK WITHIN THE PUBLIC ROW?	o Yes If Yes, <u>Cons</u>	truction Permit required			
IS ANY WORK LOCATED IN A CRITICAL AREA?	lo Yes If Yes, <u>Grad</u>	<u>ing Permit</u> required			

I certify that I have read this application and its attachments and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on this permit application, the Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge and consent.

SIGNATURE:	PRINTED NAME:	DATE:	
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OWNER LETTER OF AUTHORIZATION

Updated June 2019

Physical Address:Auburn City Hall Annex, 2nd Floor
1 E Main St

Mailing Address: 25 W Main St Auburn, WA 98001-4998 Webpage & Application Submittal: www.auburnwa.gov applications@auburnwa.gov Phone and Email: Phone: (253) 931-3090 permitcenter@auburnwa.gov

(A copy of this letter must be submitted for each property owner involved)

I,		, declare under penalty of perjury under the laws
I,of the State of Washington as	follows;	
1. I am (<i>select one</i>) □ the ow corporation, organization, or	ner of the property that public agency and subres behalf for the property	is the subject of the application or □ the owner is a mitting this authorization is within the scope of my located at
2. All statements, answers, an of my knowledge and belief.	d information submitted	with this application are true and correct to the best
3. I acknowledge that approapproval documents.	val of this application i	may be subject to conditions as specified on the
fees incurred in the investig undersigned, and filed agains	ation of such claim) w t the City of Auburn, but	any claim (including costs, expenses and attorney's rhich may be made by any person, including the tonly where such claim arises out of the reliance of he accuracy of the information provided to the City
local unit of government with r property, take photographs,	regulatory authority over and post public notice	ne City of Auburn and any other Federal, State, or the project to enter onto my property to inspect the es as required in connection with review of this conditions of permits and approvals issued for the
		s are appointed to act as my agent, or as the agent
X		
Signature		Title
Printed Name	Date	City and State where signed
Email	Phone	
Address		

STORM PERMIT ATTACHMENT					
DESCRIPTION OF STORMWATER WORK					
OTODM CONTRACTOR					
STORM CONTRACTOR					
Same as Page 1 of Application					
Company Name:					
Contact Person:					
Address:					
City:State:	_ Zip:				
Office Phone: Mobile:					
E-mail:					
Auburn Business Lic#: WA UE					
CHECK ALL THAT APPLY:	For Information Only				
New Development	<2,000 sf new/replaced hard	Level 1			
Redevelopment	surface or < 7,000 sf disturbed				
Grading Only	2,000 – 4,999 sf new/replaced hard	Level 2			
Work in Critical Area or Its Buffer	surface	Leverz			
Storm Drain Repair/Relocation/Demolition	or ≥ 7,000 sf disturbed				
	≥ 5,000 sf new hard surface or 0.75 acres native vegetation	Level 3			
Notes: SF = square feet	converted or ≥ 5,000 sf				
CY = cubic yards	new/replaced hard surface and value of improvements > 50%				
Single-family residential projects adding or disturbing 500 sf or less may not require a permit, unless in a critical area	assessed value				
or its buffer.					
Total Area of New Onsite Hard Surfaces (SF):	for System Development Charge	calculation			
Total Area of New and/or Replaced Hard Surfaces (SF):					
Note: If 2,000 SF or more, <u>Grading Permit</u> required					
T					
Total Area to be Disturbed (SF):					
Title. It 1,000 of of more, <u>oracing tomic</u> required					
Total Cut and/or Fill to be Added/Removed (CY):					
Note: If more than 500 CY, <u>Grading Permit</u> required					

SEWER PERMIT ATTACHMENT							
DESCRIPTION OF SEWE	R WORK						
SEWER CONTRACTOR							
Same as Page 1 of Applic	ation						
Company Name:							
Contact Person:							
Address:							
City:							
Office Phone:							
E-mail:							
Auburn Business Lic#:							
CHECK ALL THAT APPLY: Side Sewer Capping Oil/Water Separator	New Connection Tenant Improvement	Side Sewer Repair Grinder Pump	Side Sewer R Grease Interce				
System Development Charg or for fixtures being added as Improvement, attach separate	part of Tenant Improver	ment. If fixtures being i	emoved as part o	of Tenant	<u> </u>		
NOTE: For Grease Trap (in /Plumbing Application inste			se complete the <u>I</u>	<u>Mechani</u>	<u>cal</u>		
Is this use temporary (e.g., place). If Yes , the period of discharge		•	• ,	No	Yes _(date)		

WATER PERMIT ATTACHMENT									
DESCRIPTION OF WAT	ER WOR	<							
WATER CONTRACTOR	•								
WATER CONTRACTOR									
Same as Page 1 of App									
Company Name:									
Contact Person:									
Address:									
City:			State:	Zip:_		_			
Office Phone:		Cell	: <u> </u>						
E-mail:									
Auburn Business Lic#:									
CHECK ALL THAT APPL	Y:								
NEW WATER METER CONNECTION	RESIDENTIAL SINGLE-FAMILY & DUPLEX		MULTI-FAMILY AND NON- RESIDENTIAL		IRRI	IRRIGATION		FIRE LINE CONNECTION ¹	
(check all that apply)	DOME			MESTIC			OOMAL		
How many meters?							N/	'A	
Size of meter (inches)?						_			
Existing Meter Box?	Yes	No	Yes	No	Yes	No	N/	Ά	
Chemicals Added?	N/	A	1	N/A	Yes	No	Yes	No	
Backflow Assembly Permit Required ²	N/	A	F	RPBA ³	RPBA ³	DCVA ⁴	RPBA ³	DCVA 4	
¹ Additional Fire Permits (Un	derground, l	Fire Sprink	ler) may be	required – use	e Fire Applica	ation.			
² Complete Backflow Asset	=								
Reduced Pressure Backflog for any irrigation or fire				all multifamil	y and non-re	sidential dor	nestic service	e and	
⁴ Double Check Valve Asse			arc added.						
OTHER WATER PERMIT	REQUEST	S:							
Meter Removal (by City, meter box remains) New Fire Hydrant									
Meter Relocation (by City) Well Abandonment									
Service Abandonment (by City, disconnected at main) Exempt Well									
Service Alteration/Repair	ir (by Appli	cant)			duct Meter				
Hydraulic Modeling				Oth	ner:			,	

BACKFLOW ASSEMBLY PERMIT ATTACHMENT							
DESCRIPTION AND LO	CATION OF BACK	FLOW ASSEMBLY V	VORK				
BACKFLOW CONTRAC	CTOR						
Same as Page 1 of App							
Company Name:							
Contact Person:							
Address:							
City:							
Office Phone:							
E-mail:							
	uburn Business Lic#: WA UBI#:						
CHECK ALL THAT APPL	Y:						
NEW BACKFLOW ASSEMBLY (check all that apply)	RESIDENTIAL SINGLE-FAMILY & DUPLEX DOMESTIC	MULTI-FAMILY AND NON- RESIDENTIAL DOMESTIC	IRRIGATION			FIRE LINE CONNECTION	
Chemicals Added?	N/A	N/A	Yes	No	Yes	No	
Type of Backflow Assembly Required ¹	N/A	RPBA ²	RPBA ²	DCVA ³	RPBA ²	DCVA ³	
Size of Backflow Assembly (inches)?							

NOTE: For backflow devices to be installed on individual <u>internal</u> plumbing devices, please complete the <u>Mechanical /Plumbing Application</u>

¹ All backflow devices shall be installed adjacent to and on the customer side of the water meter unless City approves alternate location. Contact the City's **Cross Connection Specialists at (253) 931-3048** to discuss specific location.

² Reduced Pressure Backflow Assembly (RPBA) is required for all multifamily and non-residential domestic service and for any irrigation or fire line where chemicals are added.

³ Double Check Valve Assembly (DCVA).